

**Department of Community Services**  
Town Offices  
36 Bartlet Street, Andover, MA 01810  
Telephone: 978-623-8274 Fax: 978-623-8275 [www.andoverma.gov/dcs](http://www.andoverma.gov/dcs)

Class Evaluation Survey

Class Name: \_\_\_\_\_

Dear Participant:

The Department of Community Services has undertaken this survey to obtain feedback regarding specific aspects of our classes as well as various phases of general program administration so that we may remain responsive to the needs of the community. It is our sincere desire that all programs maintain a high level of quality and continue to be reflective of expressed community interests. Your assistance would be most helpful and appreciated.

**General Course Information:**

1. Are you still attending: \_\_\_\_\_ Yes \_\_\_\_\_ No

2. If no to #1, is the reason: \_\_\_\_\_ class completed \_\_\_\_\_ course content poor  
\_\_\_\_\_ received desired information \_\_\_\_\_ instructor presentation poor  
\_\_\_\_\_ other

Comment: \_\_\_\_\_  
\_\_\_\_\_

3. Do you feel the course was: \_\_\_\_\_ reasonably priced \_\_\_\_\_ underpriced \_\_\_\_\_ overpriced

Comment: \_\_\_\_\_  
\_\_\_\_\_

4. Would you recommend the course have:

\_\_\_\_\_ hours shortened \_\_\_\_\_ hours and weeks kept at the same length  
\_\_\_\_\_ weeks shortened \_\_\_\_\_ hours lengthened  
\_\_\_\_\_ weeks lengthened

Comment: \_\_\_\_\_  
\_\_\_\_\_

5. Was the number of people in the class too large: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

6. Was facility used for class: \_\_\_\_\_ Appropriate \_\_\_\_\_ Inappropriate

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Course Content/Instructor Presentation:**

7. Do you feel the brochure course description was accurate: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Course Content/Instructor Presentation (con't):**

8. Do you feel that class goals as described in booklet or expressed by instructor were accomplished:

a. personal goals    ☐ Yes    ☐ No    b. instructor goals    ☐ Yes    ☐ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

9. Did the teacher:

a. prepare adequately for the course    ☐ Yes    ☐ No  
b. give enough individualized attention    ☐ Yes    ☐ No  
c. remain flexible and able to make adjustments to aid learning    ☐ Yes    ☐ No  
d. allow for consultation    ☐ Yes    ☐ No  
e. present information clearly and effectively    ☐ Yes    ☐ No  
f. intimidate or otherwise upset the students by speech or manner    ☐ Yes    ☐ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

10. Were the class materials and supplies handled in an efficient, economical fashion: ☐ Yes    ☐ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

11. Would you recommend this course be offered again in the future: ☐ Yes    ☐ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

12. If this course were offered at a more advanced level would you be interested in increasing your knowledge/skill level of the subject matter: ☐ Yes    ☐ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

13. Was registration handled effectively: ☐ Yes    ☐ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

14. Have you previously participated in any Community Services activities: ☐ Yes    ☐ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

15. Which would you like to see most in regard to future department programming:  
☐ more 1 or 2 time workshops    ☐ more 3-5 week "mini courses"  
☐ a continuation of present level 6-8 week courses

Comment: \_\_\_\_\_  
\_\_\_\_\_

16. What types of courses would you like to see offered in the future:

17. Please rank, in order, the types of publicity that are most likely to make you aware of Community Services programs (#1 = most effective):

☐ a. newspapers    ☐ b. posters in local stores    ☐ c. word of mouth    ☐ d. school fliers  
☐ e. web site    ☐ f. cable TV, channel 22    ☐ g. DCS program booklet    ☐ h. other

18. Please indicate your age in the appropriate grouping (for adult courses only):

☐ students taking adult courses    ☐ 18 - 24    ☐ 25 - 34  
☐ 35 - 44    ☐ 45 - 60    ☐ over 60